

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>Detrel G</i>		08-10-01
O.I.P.E. CLASSIFIER		59	8001
FORMALITY REVIEW	<i>2</i>	TC 886	09-12-01
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)..... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final	
Original	
1	10/2/02
2	7/3/03
3	✓
4	✓
5	✓
6	✓
7	✓
8	✓
9	N
10	N
11	N
12	N
13	N
14	N
15	N
16	N
17	✓
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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